

MAIL TO: ECI GUNTER AFB AL 36118-5643 ●SEE Note 1 below

CORRECTED OR LATEST ENROLLMENT DATA

► Items marked with "►" MUST be filled in. Request cannot be processed or responded to if these items are not completed.

1. THIS REQUEST CONCERNS COURSE NO.	2. TODAY'S DATE	3. ENROLLMENT DATE	4. DSN PHONE NUMBER	
5. SOCIAL SECURITY NUMBER (SSN)	6. GRADE / RANK	7. NAME (<i>Last name</i>)	First Name	MI

8. ADDRESS **NOTE:**
OJT Enrollees -- Enter address of unit training office with zip code.
ALL OTHERS -- Enter current mailing address with zip code.

► TYPE ADDRESS -- REQUIRED BY USPS

NAME

STREET / UNIT TRAINING OFFICE

CITY / BASE, STATE, ZIP CODE

9. E-MAIL ADDRESS AND FAX NUMBER

10. TEST CONTROL OFFICE ZIP CODE / SHRED

11. REQUEST FOR MATERIALS, RECORDS, OR SERVICE

X Place an "X" through number in box to left of service requested.

- | | |
|----|--|
| 1 | Request address change as indicated in item 8 above. <i>See Note 1.</i> |
| 2 | Request Test Control Office change as indicated in Item 10 above. <i>See Note 1.</i> |
| 3 | Extend course completion date. (<i>Justify in "Remarks" on reverse.</i>) <i>See Note 1.</i> |
| 4 | Request enrollment cancellation. Confirmation required. <input type="checkbox"/> <i>See Note 1.</i> |
| | Send course exam. |
| 5 | Automatic request on _____ (<i>date</i>).
Answer sheet request on _____ (<i>date</i>). <i>See Note 1.</i> |
| 6 | Request name change / correction to that as shown in Item 7 above. (<i>Provide old or incorrect data here.</i>) _____ |
| 7 | Send course materials. (<i>Specify in "Remarks" on reverse.</i>)
<input type="checkbox"/> Not received <input type="checkbox"/> Lost <input type="checkbox"/> Damaged |
| 8 | Correct SSN (<i>List incorrect SSN here.</i>) _____
(<i>Correct SSN should be shown in Item 5 above.</i>) |
| 9 | Request Grade / Rank change / correction. |
| 10 | CE results not received. Answer sheet submitted to ECI on _____ (<i>date</i>). |
| 11 | Give instructional assistance as requested on reverse. |
| 12 | Other (<i>Explain fully in "Remarks" on reverse.</i>) |

● **NOTE 1.** *Submit this form for automatic transmittal to ECI if capability is available.*

OJT STUDENTS must have their OJT Administrator certify this record.

ALL OTHER STUDENTS may certify their own requests

I certify that the information on this form is accurate and that
THIS REQUEST CANNOT BE ANSWERED AT THIS STATION.

SIGNATURE

ECI FORM 17, 19990301 (EF-V1)

PREVIOUS EDITIONS ARE OBSOLETE

STUDENT REQUEST FOR ASSISTANCE

**DO NOT REMOVE THIS FORM FROM THE PAMPHLET.MAKE A COPY.
SEE NEXT PAGE FOR THE REVERSE SIDE OF THIS FORM.**

